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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI of the left shoulder, 73221

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates.
Shoulder, Magnetic resonance imaging (MRI)
MRI left shoulder, 10/30/08
MRI cervical spine, 10/30/08
EMG/NCS, 12/12/08
X-ray cervical spine with flex/ext views, 01/15/09
Operative report, Dr. 03/18/09
X-ray cervical spine, 05/19/09
Office note, Dr. 8/25/09
X-ray cervical spine, 08/25/09
X-ray left shoulder, 08/25/09
Office notes, Dr., 9/8/09, 09/23/09, 10/14/09, 10/21/09, 11/11/09, 12/02/09, 01/06/10, 01/26/10
Office note, Dr., 12/03/09
Over read MRI of left shoulder and c-spine, 12/03/09
Over read MRI cervical spine, 10/30/08
Pre-authorization request, Dr., 12/28/09
Letter, Dr., 12/28/09
Pre-authorization request, Dr. , 01/14/10
Peer review letter, 01/19/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a who was injured on xx/xx/xx when she slipped. She was treated for cervical and left shoulder pain. A left shoulder MRI on 10/30/08 showed a small area of fluid involving

the proximal bony acromion contacting the AC joint. Possibilities included a small chondral fracture or edema from subchondral inflammatory or synovial cyst. There was a small joint effusion of traumatic or inflammatory origin. MRI of the cervical spine was also done showing C5-6 disc protrusion and spinal stenosis. On 03/18/09 Dr. performed an anterior cervical discectomy and fusion at C5-6.

Dr. evaluated the claimant on 08/25/09 for neck, right and left shoulder pain, and left upper extremity pain. X-ray of the left shoulder on 08/25/09 showed a type I to II acromion. Dr. recommended an MR arthrogram of the left shoulder. The claimant then began treating with Dr. on 09/08/09. She had complaints of headaches, neck pain, bilateral shoulder pain, paresthesias in both upper extremities, low back pain, and weakness and pain in both lower extremities. He also recommended a left shoulder MR arthrogram. Physical therapy for the left shoulder was ordered.

The claimant saw Dr. on 12/03/09. He noted that the claimant's neck was doing well but she had pain in the left shoulder. On exam she had positive Neer and Hawkins signs. Dr. felt that the symptoms were coming from the shoulder. He administered a left shoulder subacromial injection. NSAIDs were prescribed and an MRI was planned if there was no improvement. The MRI of the left shoulder was ordered by Dr. on 12/28/09. This study was denied on peer review.

In the meantime, Dr. obtained an over read of the 10/30/08 MRI. This was done on 12/03/09 with findings of mild supraspinatus tendinosis, mild acromioclavicular joint hypertrophy with inflammatory changes. It was noted there was a limited evaluation of the labrum. At the office visits of 01/6/10 and 01/26/10 Dr. noted that the claimant had a clinical presentation of possible labral tear/instability and he recommended a left shoulder MR arthrogram.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The evidence-based ODG guidelines recommend MR studies for individuals who have nondiagnostic x-rays where there would be suspicions of injuries to the rotator cuff and/or labral pathology. The guidelines themselves do not address the indications for repeat studies.

An MRI scan was completed in October of 2008 with a secondary reading in 2009. It is unclear as to the indications for another study at this juncture. In fact, it is unclear as to whether or not the claimant is a surgical candidate and/or if they were, how the additional study is likely to alter treatment plan to date. As such, based on the information provided and in consideration of the evidence-based literature, there is no compelling indication for the repeat study as proposed. The reviewer finds that medical necessity does not exist for MRI of the left shoulder, 73221.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates. Shoulder

Magnetic resonance imaging (MRI)

Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. (Oh, 1999) The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. (Dinnes, 2003) Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the

shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated.

The question we need to ask is: Do we need all this information? If only full-thickness cuff tears require an operative procedure and all other abnormalities of the soft tissues require arthroscopy, then would shoulder arthrography suffice? (Newberg, 2000) Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. (Ardic, 2006) MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial- and full-thickness rotator cuff tears. However, The overall prevalence of tears of the rotator cuff on MRI is 34% among symptom-free patients of all age groups, being 15% for full-thickness tears and 20% for partial-thickness tears. The results of this study support the use of MRI of the shoulder before injection both to confirm the diagnosis and to triage affected patients to those likely to benefit (those without a cuff tear) and those not likely to benefit (those with a cuff tear). (Hambly, 2007) The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. (Burbank, 2008) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the Journal of the American College of Radiology. There were high rates of inappropriate examinations for shoulder MRIs (37%), shoulder MRI in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. (Lehnert, 2010) See also MR arthrogram

Indications for imaging -- Magnetic resonance imaging (MRI)

- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiograph

- Subacute shoulder pain, suspect instability/labral tear

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)